

From: Clay Ropp

Fax: 18435101111

To:

Fax: (803) 896-5199

Page: 20 of 33

11/06/2019 8:24 AM

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency
Application for a Class C Stretcher Van
Certificate from SafeRide Transport, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2019 - 348 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alex ScarceTelephone: 843-375-6007Address: 606 Winterberry LaneFax: 843-353-3113Myrtle Beach, SC 29579

Other: _____

Email: alex.scarce@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☒ Application - Class C Non-Emergency☐ Request☒ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
NOV 06 2019
PSC SC
CLERK'S OFFICE

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - STRETCHER VAN

Date: 11/5/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. SafeRide Transport, Inc.
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

606 Winterberry Lane

Street Address of Applicant

Myrtle Beach, SC 29579

Mailing Address of Applicant (if different from street address)

843-375-6607

Phone

843-353-3113

Fax

alex.scarce@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Alex Scarce- 606 Winterberry Lane, Myrtle Beach, SC 29579

Candace Burch- 101 Split Oak Ct, Myrtle Beach, SC 29588

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Liabilities:

Value of Real Estate	0
Value of Motor Vehicles	2500
Cash on Hand	5000
Cash in Bank	50,000
Value of Other Assets and Equipment	9,500
Total Assets	67,000

Mortgage/Loan on Real Estate	0
Loans Owed on Motor Vehicles	0
Business/Other Loans Owed	0
Other Liabilities or Debts	0
Total Liabilities	0

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Maximum Proposed Rate and Charges for Service as Follows:

Medical and SCDHHS Rates- Subject to negotiation with broker chosen by SCDHHS

Maximum Rates for Stretcher (non-broker or SCDHHS)- \$750.00 pick up fee per passenger and \$100.00 per mile

Stretcher Rates- Subject to negotiation with broker chosen by SCDHHS

Maximum Rates for Stretcher for Medical and SCDHHS- \$325.00 pick up fee per passenger and \$50.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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Page: 24 of 33

11/06/2019 8:24 AM

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2006	Toyota Sienna CE	5TDZA23C06S421860	4120	

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

SafeRide Transport, Inc.

Name of Applicant

606 Winterberry Lane, Myrtle Beach, SC 29577

Address of Applicant

Amount of Premium:

Liability Insurance \$ 305,508 annual- 1 unit

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

National Indemnity / Columbia Insurance Company

Name of Insurance Company

1314 Douglas St, STE 1400 Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



National Indemnity group of insurance companies

QUOTE

SafeRide Transport Inc

Company: Columbia Insurance Company
Admitted

Quote Date: October 31, 2019

Premium: \$716,564.00

Driver Guidelines

Drivers must be at least 25 with no more than four moving violations or one accident and one violation within the last three years. Drivers age 23 and 24 are acceptable, but can have no more than two moving violations within the last three years. Drivers under 23 are not acceptable. No driver may have any major convictions within the last five year period. All driver changes throughout the policy term should be reported to the company.

Pricing assumes drivers of vehicles with a seating capacity greater than 15 or GVW of 26,000 lbs or more have proper CDL and at least one year experience driving similar autos.

Terms & Conditions

Quote is subject to no federal or state filings or an MCS-90.

Quote does not include any Additional Insureds or Waivers of Subrogation or HC/NO.

Policy will be issued showing only the Named Insured specified above. Additional entities can be considered as Additional Named Insured but relationship to the first Named Insured and insurable interest in the scheduled autos must be determined.

CANCELLATION PROVISION

Return Premium for any cancellation by the insured or for non-payment of premium will be on a SHORT RATE basis where the penalty is 10% of the unearned premium. Any cancellation requested by the company will be pro-rata.

This quote is based on the information contained in your application and any other underwriting information that has been submitted. Please carefully review this quote as some coverages may differ from what has been requested and certain terms and conditions which restrict coverage may apply. See attached for coverage details including symbols and limits.

NOTE THAT THE QUOTED PREMIUM MAY CHANGE IF THE INSURED MAKES ANY CHANGES TO COVERAGE PRIOR TO BINDING.

October 31, 2019

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Page: 27 of 33

11/06/2019 8:24 AM

NICO-Rate for South Carolina

Columbia Insurance Company

Account Summary For SAFERIDE TRANSPORT INC

Quote #: 10013258
 Status: New/Pending Info
 Policy Type: AP

Originally Quoted: 1/01/1900 12:00 AM
 Quote Printed: 10/31/2019 5:14 PM EDT
 Proposed Effective: 1/01/2020 12:00 AM
 Proposed Expiration: 1/01/2021 12:00 AM

Quoted By: Kaitlyn Dougherty
 National Indemnity Company
 1314 Douglas Street, Suite 1400
 Omaha, NE 68102
 Phone - (402) 916-3000

KMDougherty@nationalindemnity.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	439,068
7	UM - BIPD	1,000,000 CSL	86,772
7	UIM - BIPD	1,000,000 CSL	86,772
7	Medical Payments	5,000	28,980
7	Physical Damage	See Specific Unit	74,972
	Total Ins Value	838,000	
Total			\$716,564.00

Revision: 71SC2019R04

Vehicle Information

NICO-Rate Version: 8.6.0.236

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2013 TOYOTA COROLLA Comp/Coll \$22,500 Radius: Up to 100 Miles	15,681	3,099	3,099	1,035	2,197	N/A	N/A	25,111
2 2013 TOYOTA COROLLA	15,681	3,099	3,099	1,035	2,197	N/A	N/A	25,111

NI National
 Indemnity
 Company
 Since 1940

Exhibit Fit, Willing, and Able (FWA)

SafeRide Transport, Inc.

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).

☒ Yes

☐ No

2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.

☒ Yes

☐ No

3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.

☒ Yes

☐ No

4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.

☒ Yes

☐ No

5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.

☒ Yes

☐ No

7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.

☒ Yes

☐ No

8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.

☒ Yes

☐ No

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Page: 30 of 33

11/06/2019 8:24 AM

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

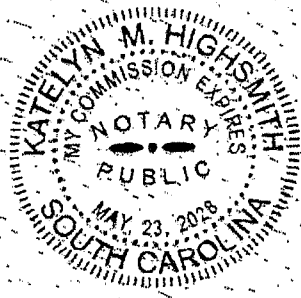
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Ally S

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Horry)

SWORN TO BEFORE ME
This 5th day of NOVEMBER, 2019

Katelyn M. Highsmith
Notary Public

Commission Expires May 23, 2028

Print Application

From: Clay Ropp

Fax: 18435101111

To:

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

File ID: 190726-1029309
Filing Date: 07/26/2019

Aug 22 2019

REFERENCE ID: 391237



STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is SafeRide Transport Inc.
2. The initial registered office of the corporation is 1591 Savannah Highway, Suite 201

Street Address

<u>Charleston</u>	<u>Charleston</u>	<u>South Carolina</u>	<u>29407</u>
<small>City</small>	<small>County</small>	<small>State</small>	<small>Zip Code</small>

and the initial registered agent at such address is United States Corporation Agents, Inc.

Print Name

I hereby consent to the appointment as registered agent of the corporation:


Agent's Signature By: Chcyenne Moseley, Assistant Secretary

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares

Authorized No. of Each Class

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

From: Clay Ropp

Fax: 18435101111

To:

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Aug 22 2019

REFERENCE ID: 391237

SafeRide Transport Inc.

Name of Corporation

The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor, Glendale, CA 91203

Address

Signature

Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Incorporator)

b.

Name

Address

Signature

c.

Name

Address

Signature

7.

I, Kelly J Brown, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date

7/18/19

Signature

Type or Print Name

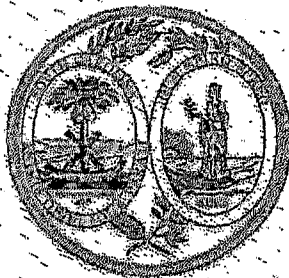
6201 Fairview Rd Ste 330

Charlotte, NC 28210

800-481-2180

Telephone Number

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SafeRide Transport Inc., a corporation duly organized under the laws of the State of South Carolina on July 26th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 22nd
day of August, 2019.


Mark Hammond, Secretary of State